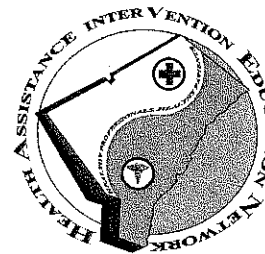


# HAVEN

Health Assistance InterVention Education Network



Legislative Testimony  
Joint Committee on General Law  
Bill No. 5484

An Act Prohibiting Generic Substitutions for Tamper-Resistant Drug Formulations

Senator Doyle, Representative Baram, Senator Fonfara, Representative Kiner, Senator Witkos, Representative Carter and members of the Joint Committee on General Law, my name is Maureen Sullivan Dinnan. I am the executive director of the Health Assistance interVention Education Network for Connecticut Health Professionals, which was created in 2007 following the passage of Connecticut General Statute Section 19a-12a. HAVEN is the assistance program for healthcare professionals facing the challenges of physical illness, mental illness, chemical dependence, or emotional disorder. I thank you for the opportunity to present this written testimony in support of Bill No. 5484, An Act Prohibiting Generic Substitutions for Tamper-Resistant Drug Formulations.

Substance use disorders have been increasingly recognized as an illness which takes a tremendous toll on the individual, their family, and society. By 2002, the economic cost of drug abuse in the United States was estimated to be \$180.8 billion dollars.<sup>1</sup> Few would dispute that drug abuse, including prescription drug abuse, is a public health epidemic.

Healthcare professionals suffer from substance use disorders at the same rate as the general population. It is accepted that 10 to 15 % of the population will suffer from substance use disorders. The illness knows no age, education, race, or other boundary. It is important that our lawmakers set forth safeguards to help us as a society deal with this illness.

Many of the professionals who present to HAVEN indicate that they had no problem until they required a prescription opioid pain reliever. This bill provides a safeguard which prohibits a pharmacist, an insurance company, or formulary system from substituting generic drugs for tamper-resistant formulation brand name drugs. Tamper resistant formulations help fight the abuse and misuse of prescription medications.

Persons with substance use disorders and legitimate pain conditions require careful monitoring. A patient who has a history of addiction would be at risk for relapse or exacerbation of substance use disorder if non tamper-resistant drugs are available in their own medicine cabinet. The patient may even encourage the pharmacist to substitute the generic drug which is amenable to abuse by self and sale to others.

From HAVEN's perspective, this bill is important for all patients. We want the prescribers, who we go to for treatment, to be an essential part of the decision making on

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<sup>1</sup> Office of National Drug Control Policy, "The Economic Cost of Drug Abuse in the United States in 1992 -2002" Section IV

generic substitutions. For example, a patient may have no substance use issue. It may be the first time, they need an opioid pain reliever, but if a prescribing provider is aware that a family member of the patient struggles with substance abuse, it may not be appropriate for a generic non tamper resistant medication to be in that home. We know that most adolescent drug abuse begins in the family medicine cabinet. Tamper resistant formulations discourage inappropriate use by children and others.

The majority of persons age 12 years and older who have used opioid analgesics for nonmedical purposes are reported to obtain them for free or to buy them from family or friends. Any cost savings that generic substitutions for tamper-resistant drug formulations may provide an insurance company will be lost in the long term costs associated with drug abuse. This bill does not prohibit substitution, but requires written consent of the prescriber. Our hope is this will encourage the prescribers to do adequate family history and substance use dependence screenings as well as to reevaluate medication management at reasonable intervals. We need to be careful in considering how generic products are put into the system and made readily available for abuse and misuse. The proposed bill is one step toward improving the mental health care system and encouraging collaboration among the treatment team. We are looking for the type of vigilance and support this bill represents.

I would like to again thank the Committee for allowing us to submit testimony on behalf of HAVEN, the health assistance program for Connecticut health professionals. Should you have any questions we would be happy to make ourselves available at your convenience.

Respectfully submitted:



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